

BOSTON

ACTING FIRE COMMISSIONER
DENNIS A. DIMARZIO

FIRE MARSHAL
DEPUTY FIRE CHIEF JOSEPH M. FLEMING

APPLICATION FOR INSTALLATION OF UPHOLSTERED SEATING

BASED ON PRODUCT FIRE TEST DATA

BFD CERT NO.:
(for office use only)

DATE: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: (____) _____

ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

FURNITURE CONSTRUCTION:

MANUFACTURER: _____

UPHOLSTERY PADDING: _____ BARRIER: _____

(MANUFACTURER, PRODUCT I.D.)

MODEL NO. (TYPE, QUANTITY)

COVER FABRIC (Manufacturer, Pattern, Color) **FIBER**

CONTENT:

(Sofa, chairs, etc.)

1. _____
2. _____
3. _____

ARE COVER FABRICS COM? YES ☐ NO ☐ _____

IS COVER FABRIC LAMINATED WITH A BARRIER PRODUCT? YES ☐ NO ☐

IS COVER FABRIC TREATED WITH FLAME RETARDANTS? YES ☐ NO ☐

☐ LABEL REQUIRED BY CAL. T.B. 133 TO BE AFFIXED TO EACH CHAIR.

☐ MANUFACTURER UPON REQUEST WILL PROVIDE FIRE TEST REPORT TO DEMONSTRATE COMPLIANCE. _____

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

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ENC: SIGN APPLICATION AND MAIL/FEE \$14.00 PER COVER FABRIC, CHECK PAYABLE TO BOSTON FIRE DEPARTMENT. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE (S) THE CAN RESULT IN DELAYS IN EVALUATIONS.